PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

		Effect			1065)	131	<i>b</i>				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN	
TOTAL CLAIMS			20				RA	RATE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	BASIC FEE 375.00		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS					*		X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			, mi	nus 3 = 1	*		X42=			OR	X84=	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT		<u> </u>							
* If the difference in column 1 is less than zero, enter "0" in column 2						<u> </u>	+140=		OR	+280=		
							ТО	TAL	77	OR	TOTAL	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SM	SMALL ENTITY			OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDM	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X	2=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40			+280=	
		•						10= OTAL		OR	TOTAL	
		(Oalissas 4)		(0 - 1	O\	(0.1	ADDI			OR	ADDIT. FEE	<u> </u>
ENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	XS	9=		OR	X\$18=	
AMEN	Independent	*	Minus	***		=	 	2=		1	X84=	
$\mathbb{L}^{\!$	FIRST PRESENTATION OF MULTIPLE DEPENDENT			T CLAIM		! ├─			OR			
						•		40= OTAL		OR	+280= TOTAL	
							, ADDI			OR	ADDIT. FEE	
<u> </u> -	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						I			1		1.55
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT. EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N N	Total	*	Minus	**		=	X	9=		OR	X\$18=	
AME	Independent	*	Minus	***	T.O.	=	X	2=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								10.		ا _ٽ ۔''	1290-	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

TOTAL ADDIT. FEE

FORM **PTO-875** (Rev. 12/02)